

April 13, 2011

Testimony to support ~~SB 415~~ <sup>SSJ30</sup> to request an interim study of ways to reduce childhood health trauma and its long-term effect on children

Mr. Chairman and Members of the Committee:

Thank you for your time this morning. My name is Kimberly Gardner. I am a Licensed Clinical Social Worker and a Licensed Addictions Counselor. I am a Child and Family therapist and am the Clinical Manager of Intermountain's Community Outpatient Services here in Helena. I have worked in the field of children's mental health since 1987. My husband and I are also respite foster parents for high needs kids in foster care.

In the world of children's services, we use the term "Serious Emotional Disturbance" (or SED) to describe what we understand as "mental illness" in adults. I prefer that term because we've come to understand that children develop SED as a natural and understandable response to childhood trauma, abuse or neglect. Their reaction to those significant events is not abnormal - it's a predictable and expectable outcome in response to adverse events in their lives.

In the medical field, we look to science to correct health problems - which we understand to be unexpected and unnatural physical reactions to our physical body's ability to thrive and be healthy.

There's an important distinction here - children with serious emotional distress are responding in a natural way to unnatural events of trauma, abuse and neglect.

As a society, we already know globally, and many of us personally, the effects of trauma. Our moral code and conscience tells us that physical, sexual and emotional abuse are bad for kids and families. We know the outcome of untreated alcohol and drug abuse. None of us take pride in the high ranking we have nationally with our suicide statistics in children and adults. Many of us have observed the dismal quality of life in a home where there is chronic depression or mental illness in a parent. We've seen and heard horrifying signs of prevent domestic violence. We can all guess the likely outcome of a child whose parent is absent because of prison, addiction or abandonment. Ask any 3rd grade teacher who he or she is worried about and they'll point out the kids without adequate nurturing and parenting.

You may know of a national study - The Adverse Childhood Events (ACE) Study - which studied the long term physical health outcomes of children who have experienced any of the above conditions. The handout I'm providing gives a brief overview of the findings of the study and will direct you to more information. In general, the study is a mega analysis of the predictable & long term physical and emotional health problems that result from adverse childhood events.

In Montana we can be prone to trust that families will take care of each other or that each person's personal drive will overcome any trauma. We all know those people who have thrived and overcome the most dismal of beginnings. Personally, we all know that they are the exception, but they can be the beacon of hope for us. It's sometimes too easy for us to think that everyone has the internal resiliency to overcome trauma, abuse and neglect.

As a therapist and a social worker, I can tell you that simply isn't true. Research has taught us that the first 3 years of a child's life forms their permanent understanding of themselves and their world. If their caregiver doesn't provide adequate nurturing, care and an emotionally and physically safe environment, that child will fail to develop physically, emotionally and socially in a way that allows them to thrive. When a child's environment is traumatic, abusive or neglectful for any reason, the child will be unable to achieve the normal developmental milestones that we hope for them.

Serious Emotional Disturbance isn't visible in kids at first. They look like all the other kids. Their view of their world and the outside world is different though. They respond differently to social cues, they are far more likely to fail academically, develop addictions themselves, commit suicide and become abusive as they age up. Some of them are conveniently invisible though. They are the ones that are quietly cutting on themselves in the school

bathrooms or trading sex for drugs in our parking lots. They're the 4th graders who bring guns to school or the 7th graders who are huffing aerosols to help them regulate their moods.

Kids with SED struggle much more with managing every relationship they have. Their parents have significant difficulty too. In our School Based Mental Health Services we've discovered that their parents often had very difficult lives themselves. Those parents cannot teach what they do not know. They tend to rely on traditional parenting strategies which only serve to worsen the symptoms of SED. Those families need support in learning therapeutic parenting strategies. Both types of parenting hold a high value on teaching accountability and personal responsibility for your actions and future. Therapeutic parenting provides a different pathway to those outcomes. In our In-home Therapeutic Family Program we teach birth, foster, kinship and adoptive parents how to raise kids in a way that gives them the skills to overcome their tendency to self destruct.


I think we all want to live a life worth living and to have our next generation have a better life than ours. That's what I hope for my clients and my own kids.

I believe we're at a critical state right now in Montana. We have a disjointed system that has evolved over time but has become less about healthy strategies and prevention and more about managing crisis. As we evolve in MT we need to know specifically how trauma abuse and neglect is truly affecting our Montana kids and communities and what is needed. We're paying a terrible price financially and culturally right now.

There are many projects in various places that are trying to understand and help but there are also many communities that are overwhelmed with the consequences of trauma. We urgently need to understand the core contributing factors, what is needed to prevent trauma and the best practices to treat it. If we can treat it at all levels, we can then be proud of our outcomes.

Knowledge is power. If we are brave enough to study this issue, we'll discover things we probably won't want to know. We'll also discover a huge amount of resources that could help us. The knowledge gained will unify all of us and the others who care about kids and families to create something that will work to prevent trauma, support kids and families in the middle of it and create what we all want for our citizens - a life worth living.

Thank you,

  
Kimberly C. Gardner, LCSW, LAC